

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000006536

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** LAW OFFICES OF CLAYTON J. MYNARD, P.L.

**Current Principal Place of Business:**

4307 W. PEARL AVE.  
STE B  
TAMPA, FL 336113433

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 18361  
TAMPA, FL 336798361 US

**New Mailing Address:**

**FEI Number:** 03-0419098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MYNARD, CLAYTON  
4307 W. PEARL AVE.  
STE. B  
TAMPA, FL 336113433 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MYNARD, CLAYTON  
Address: 4307 W. PEARL AVE., STE. B  
City-St-Zip: TAMPA, FL 336113433

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLAYTON MYNARD

MGRM

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date